Evidence for addition on cause of death

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 12C APR 27 1949

# CERTIFICATE OF DEATH

01614

Reg. Dist. No. 106

**1. PLACE OF DEATH:**
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

**3. (a) FULL NAME** Joseph Brookbank

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6.(b) Name of husband or wife: Laura Josephine Brookbank
6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): March 5 1868

8. AGE: Years: 80 | Months: 11 | Days: 4 | If less than one day: ...hrs. ...min.

9. Birthplace: St. Mary's Co. Maryland (Town, county, and state)
10. Usual occupation: Powder factory attendant
11. Industry or business: Govt. Powder Factory

FATHER
12. Name: Elias Brookbank
13. Birthplace:

MOTHER
14. Maiden name: Martha Ann Higgs
15. Birthplace: St. Mary's Co. Md.

16. Informant: Mrs. Laura Brookbank
Address: Indian Head Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 11 1949. (month) (day) (year)
Cemetery or crematory: Bethel
Location: Budds Creek Maryland

18. Funeral director: Hunt & Ryon
Address: Waldorf Md.

18. 2/9 (Date rec'd by registrar) 19 49 Odey Price Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: February 9 1949 at 12 05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21 1949 to Feb 9 1949 and that I last saw h... alive on Feb 8 1949

| Immediate cause of death | DURATION |
|---|---|
| Cerebral thrombosis | |
| Due to: Following operation for Fractured hip Jan 21 1949 | |
| Due to: 963.0 1868 | |
| Other conditions: Arteriosclerosis | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 1/21/49
Where did injury occur? Indian Head (City or town) (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury: Fell on cement walk while carrying coal to house. Injured at work? (1/26/49 a.s.)

23. SIGNATURE: George C. Bickwell M.D. M. D. or other
Address: Waldorf Md. Date signed: Feb. 10 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 12 1949
BUREAU V. S.

01615

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — Wayside — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: A
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wayside
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Brown
4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1949
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 7- -1862
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Brown
14. MOTHER'S MAIDEN NAME: Eliza Dotson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lenord Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2-11-49 Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Gen Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (Medical examiner's case), 19....., to 2-11, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Medelen M.D. — ADDRESS: LaPlata Md — DATE SIGNED: 2-13-49

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ — DATE: 2/15/49 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): Newport, Md.

DATE REC'D BY LOCAL REG.: 2/14/49 — REGISTRAR'S SIGNATURE: Julia H. Pasey — 24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf, Md — ADDRESS:

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 16 1949
BUREAU V. S.

01616

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443
93d

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Charles · MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. · COUNTY: Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata · LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hosp. | STREET ADDRESS (If rural give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Joseph | (Middle) Bernard | (Last) Butler | 4. DATE OF DEATH | (Month) Feb. (Day) 26 (Year) 1949 |
| 5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: ABT. 1871 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Denticville, Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | |
| 13. FATHER'S NAME: John Butler | | 14. MOTHER'S MAIDEN NAME: Nellie Wade | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Arthur Butler | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | 2-26-49 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Heart Disease | 3-'47 |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 3, 1947, to 2-26, 1949, that I last saw the deceased alive on 2-25, 1949, and that death occurred at 3 A.M. p.m., from the causes and on the date stated above.

SIGNATURE: C. J. Edelen (Degree or title) M-J · ADDRESS: La Plata Charles · DATE SIGNED: Md.

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3-1-49 | NAME OF CEMETERY OR CREMATORY: St. Marys | LOCATION (City, town, or county) (State): Bryantown, Md |
| DATE REC'D BY LOCAL REG.: 2-27-49 | REGISTRAR'S SIGNATURE: Julia H. Pasey | 24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf, Md | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 2 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

1. PLACE OF DEATH: COUNTY Charles STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Point
LENGTH OF STAY (in this place) 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Carroll

4. DATE OF DEATH: (Month) February (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-25-97.

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland Point Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Carroll

14. MOTHER'S MAIDEN NAME: Not Known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. John Ross. Maryland Point. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to Feb 2, 1949, that I last saw the deceased alive on Dec. 18, 1948, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Swann M.D. Indian Head. Md 2/1/49.

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: Feb 5, 1949 — NAME OF CEMETERY OR CREMATORY: Oak Grove — LOCATION (City, town, or county) (State): Maryland Point Md.

DATE REC'D BY LOCAL REG. 2/4/49 — REGISTRAR'S SIGNATURE: Adley Price

24. FUNERAL DIRECTOR — ADDRESS: Penny & Cyples, Mason Springs Md

RECEIVED
FEB 1949
BUREAU V. S.

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FEB 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

180
52-a

01618

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
MARYLAND
LENGTH OF STAY (in this place) Lifespan
HOSPITAL OR INSTITUTION OR STREET ADDRESS Benedict Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Olivia (Middle) (Last) Cole

4. DATE OF DEATH (Month) Feb (Day) 5 (Year) 19 49

5. SEX Female

6. COLOR OR RACE Blk

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH Oct. 6, 1877

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Midwife

10b. KIND OF BUSINESS OR INDUSTRY Midwife

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Philip Johnson

14. MOTHER'S MAIDEN NAME Emily Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Mary Proctor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of the Kidneyswith metastases

(c)

INTERVAL BETWEEN ONSET AND DEATH: One year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION NONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURRED While at Work NONE Not While At work ☐

HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from June, 1948, to Feb 5, 1949, that I last saw the deceased alive on Feb 5, 1949, and that death occurred at 6:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alfred R Lapen M.D. Aquasco, Md Feb 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2/8/49 — NAME OF CEMETERY OR CREMATORY St Marys — LOCATION (City, town, or county) (State) Brightwood Md

DATE REC'D BY LOCAL REG. 2/9/49 — REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Hunter & Ryan — ADDRESS Waldorf

RECEIVED
FEB 10 1949
BUREAU V. S.

01619

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

351
1952

Reg. Dist. No. 102

**1. PLACE OF DEATH**

County: Charles

City or town: Ironsides
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Ironsides
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Vivian Ann Dent.

**3.(b) Social Security Number**

4. Sex: F

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 5 1944

**8. AGE:** Years: 5 Months: 1 Days: 22 If less than one day ..... hrs. ..... min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Loretta Dent.
15. Birthplace: Charles Co. Md.

16. Informant: John Dent
Address: Ironsides, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 1 49 (month) (day) (year)

Cemetery or crematory: Mt Hope.

Location: Wanjemoy, Md.

18. Funeral director: Stanley Renny

Address: Pisgah Md

19. 49 Mch 19 49 I N Thompson
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 27 1949 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1948 to Jan 1949 and that I last saw her alive on Jan 15 1949

Immediate cause of death: Encephalitis (Chr.)

Due to: Cerebral Birth Injury.

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo. C. Bicknell MD
M. D. or other

Address: Marbury, Md Date signed: Feb. 27 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAR 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE OF AGE & BIRTH DATE IS ON:

FILM No. G 119 FEB 21 1949

812.5 170C

01620

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Charles — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Md. — COUNTY: Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Hughesville — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Md. route 231 | STREET ADDRESS (If rural give location): — |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Harrison | (Middle) Albert | (Last) Hawkins Jr. | 4. DATE OF DEATH | (Month) 2 | (Day) 14 | (Year) 1949 |
| 5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: ~~Jan. 1914~~ Oct. 11, 1911 | 9. AGE last birthday: 37 ~~34~~ yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Chas. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME: Albert Hawkins, Sr. | 14. MOTHER'S MAIDEN NAME: Adelle Kyles | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Ray Hawkins (Brother) | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured left thigh, rt. ankle, rt. cheek; probable cerebral concussion — minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile accident — minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☑ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Md. Rt. 231 | (CITY OR TOWN): Hughesville | (COUNTY): Charles | (STATE): Md |
| TIME OF INJURY (Month) 2 (Day) 14 (Year) 49 (Hour) 12 15 A m. | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Pedestrian - hit from behind | | |

22. I hereby certify that I attended the deceased ~~from~~ on Feb. 14, 1949, ~~to~~ ....., ~~19~~ ....., that I ~~last~~ saw the deceased ~~alive~~ on Feb. 14, 1949, and that death occurred ~~at~~ about 12 15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. MacKavanagh, M.D., Deputy Medical Examiner; La Plata, Md. 2-14-49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/16/49 | NAME OF CEMETERY OR CREMATORY: St. Marys | LOCATION (City, town, or county) (State): Bryantown, Md |
| DATE REC'D BY LOCAL REG.: 2/15/49 | REGISTRAR'S SIGNATURE: Julia H. Pasey | 24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf, Md | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 17 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

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01621

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6 Cypress Place, Potomac Hts.
STREET ADDRESS (If rural give location) Indian Head, Md.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) McCLAIN (Last) ILIFF

4. DATE OF DEATH (Month) Feb (Day) 22 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9 Sep 1920
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY USAF
11. BIRTHPLACE (State or foreign country) Denver, Colo
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Raymond Stephen
14. MOTHER'S MAIDEN NAME Louise Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War II
16. SOCIAL SECURITY NO. unknown
17. INFORMANT 643A Personnel History Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Shock | 2 hr |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Multiple fractures of extremities; Ruptured viscera | 2 hrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) Feb (Day) 22 (Year) 49 (Hour) 2000 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from 22 Feb, 1949, to 22 Feb, 1949, that I last saw the deceased alive on 22 Feb, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE S Woodley. (Degree or title) M.D. ADDRESS La Plata. Md. DATE SIGNED 23 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 2/23/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 2/23/49
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR U.S. Army ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 01622
131a

# CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf | LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henry (Last) Medley

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct-25-1863

9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Piscataway Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Oscar Medley

14. MOTHER'S MAIDEN NAME: Harriet Havvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lavva C. Medley. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Myocardial Apoplexy | About |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Senility - Cardio - Vascular | 3 |
| | (c) Renal Disease | years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1949 to Feb-24, 1949, that I last saw the deceased alive on Feb-19, 1949, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE: Jas. N. Wilson, (Degree or title) M.D. ADDRESS: Waldorf, Md. DATE SIGNED: Feb-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb 27-49 | NAME OF CEMETERY OR CREMATORY: St Paul Piney | LOCATION (City, town, or county) (State): Waldorf Md.

DATE REC'D BY LOCAL REG. 2-25-49 | REGISTRAR'S SIGNATURE: M. L. Moore | 24. FUNERAL DIRECTOR: Hewitt & Ryon | ADDRESS: Waldorf Md

RECEIVED
MAR 1 1949
BUREAU V. S.

01623

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 106

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Charles MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Md COUNTY: Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Indian Head — LENGTH OF STAY (in this place): 37 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Indian Head |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: — | STREET ADDRESS (If rural give location): Glymont, Md |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print): Catherine (First) Josephine (Middle) Milburn (Last) | | | 4. DATE OF DEATH (Month) February (Day) 4 (Year) 1949 | | |
| 5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Feb. 3, 1884 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): La Plata, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME: William Taylor | | 14. MOTHER'S MAIDEN NAME: Caroline Thomas. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Arthur Milburn, Indian Head, Md. | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Chronic Myocarditis | 2 yrs. |
| 4222 Antecedent cause(s) (b) | Acute Bronchitis | 2 wks. |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Scoliosis severe | 40 yrs. |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Feb. 3, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 11 30 P m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Frank G. Susan M. D. | Indian Head, Md | Feb. 4, 1949 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb. 8, 1949 | NAME OF CEMETERY OR CREMATORY: St. Charles Cemetery | LOCATION (City, town, or county) (State): Glymont, Md |
| DATE REC'D BY LOCAL REG.: Feb. 5, 1949 | REGISTRAR'S SIGNATURE: Odey Price | 24. FUNERAL DIRECTOR: Mrs. Ruth Dabney | ADDRESS: Washington D. C. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

816.5 01624
170 C

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rout 301 Nr. Waldorf.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ellwood (Middle) H (Last) Moore Jr
4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH ? 1894
9. AGE last birthday 54 yrs. If under 1 year Months Dnys If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Elwood H. Moore Sr.
14. MOTHER'S MAIDEN NAME Jane Browner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jane Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Crushing injury to entire body | 2-10-49 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) auto accident | 2-10-49 |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt 301 State Rd (CITY OR TOWN) Waldorf (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 10 (Year) 49 (Hour) 5 30 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? collision - trailer truck and auto

22. I hereby certify that I attended the deceased from medical examiners case 2-10, 1949, to 2-10, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE J. Kedelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 2-13-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE 2/14/49 NAME OF CEMETERY OR CREMATORY Holy Ghost LOCATION (City, town, or county) Issue, Md. (State)

DATE REC'D BY LOCAL REG. 2/14/49 REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

816.5 170 C

01625

# CERTIFICATE OF DEATH

Reg. Dist. No. 100

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Charles MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rout 301 No. Waldorf — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) ~~Thoore~~ Thomas (Middle) (Last) Moore | | | 4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 1949 | | |
| 5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: 3 1921 | 9. AGE last birthday: 27 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? W.S. | |
| 13. FATHER'S NAME: Augustine Moore | | | 14. MOTHER'S MAIDEN NAME: Nettie Thomas | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | | 17. INFORMANT: Lewis Moore | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Crushing injury to entire body | 2-10-49 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) auto accident | 2-10-49 |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt 301 State Rd. | (CITY OR TOWN) Waldorf | (COUNTY) Chas. | (STATE) Md. |
| TIME OF INJURY (Month) 2 (Day) 10 (Year) 49 (Hour) 5 30 A.m. | INJURY OCCURRED While at Work ☐ Not While at work ☐ | HOW DID INJURY OCCUR? collision - trailer truck and auto | | |

22. I hereby certify that I attended the deceased from medical examiner's case 2-10, 1949, to ....., 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 5 30 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| B. Redelen M.D. | | LaPlata Md. | 2-13-49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ REMOVAL ~~(Specify)~~ | DATE 2/14/49 | NAME OF CEMETERY OR CREMATORY Holy Ghost | LOCATION (City, town, or county) Issue, Md. (State) |
| DATE REC'D BY LOCAL REG. 2/14/49 | REGISTRAR'S SIGNATURE Julia A. Posey | 24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

420.0 93d

01626

Reg. Dist. No. 100

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Charles MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) 1 day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Welcome |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital | STREET ADDRESS (If rural give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) MARY | (Middle) Clara | (Last) RILEY | 4. DATE OF DEATH | (Month) Feb | (Day) 20 | (Year) 1949 |
| 5. SEX Female | 6. COLOR OR RACE C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH June 6, 1874 | 9. AGE last birthday 74 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Swf. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Chas. Co., Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME ? Vincent | 14. MOTHER'S MAIDEN NAME ? | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Henry L. Riley (Son) | | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive heart failure | 3 days. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic heart disease | 15 years |
| | (c) none | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 8 Feb, 1949, to 20 Feb, 1949, that I last saw the deceased alive on 20 Feb, 1949, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A. O. Woodley | A.B., M.D. | La Plata. Md. | 21 Feb 49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 2/22/49 | NAME OF CEMETERY OR CREMATORY Zion Baptist | LOCATION (City, town, or county) (State) Hilltop, Md |
| DATE REC'D BY LOCAL REG. 2/21/49 | REGISTRAR'S SIGNATURE Julia H. Pasey | 24. FUNERAL DIRECTOR Penny & Copher - Mason Springs, Md | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

331 01627 100
8305 Reg. Dist. No. 105

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Charles MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton Md — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — | STREET ADDRESS — (If rural give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) (Last) SMALLWOOD | | | | 4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1949 | | | |
| 5. SEX male | 6. COLOR OR RACE col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH mar 1886 | 9. AGE last birthday 62 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Cobourg Md | | 12. CITIZEN OF WHAT COUNTRY? [illegible] | | |
| 13. FATHER'S NAME unknown | | | 14. MOTHER'S MAIDEN NAME unknown | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT wife Lessie Smallwood | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | |
|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb. 26, 1949, to Feb 26 1949 that I last saw the deceased alive on Feb. 26, 1949 and that death occurred at Bel Alton m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernst Spencer L. M.D.

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3-1-49 | NAME OF CEMETERY OR CREMATORY St Ignatius | LOCATION (City, town, or county) (State) Bel Alton Md |
| DATE REC'D BY LOCAL REG. 2/28/49 | REGISTRAR'S SIGNATURE M. L. Moore | 24. FUNERAL DIRECTOR Hewitt & Ryan | ADDRESS Waldorf Md |

Julia Posey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01628

# CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head | LENGTH OF STAY (In this place) 19 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poplar Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural give location) Poplar Lane.

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Lee (Last) Wax
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 19 49
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: July 7 1947
9. AGE last birthday: one yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): La Plata, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Paul Otis Wax
14. MOTHER'S MAIDEN NAME: Michael Hancock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Paul O. Wax.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591 **Immediate cause** (a) Nephrosis, Chronic — Interval Between Onset and Death: 9 mos

131 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Feb. 23, 1949, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Franklin Swann M.D. ADDRESS Indian Head. Md. DATE SIGNED 2/23/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 2/24/49 | NAME OF CEMETERY OR CREMATORY Private Burying Grounds. | LOCATION (City, town, or county) Marbury (State) Md.

DATE REC'D BY LOCAL REG. 2/23/49 | REGISTRAR'S SIGNATURE Odey P Rice

24. FUNERAL DIRECTOR Hunt & Lyon, ADDRESS Waldorf. Md

RECEIVED
MAR 12 1949
BUREAU V. S.